

FORMS REQUEST- SMALL FAMILY HOMES

FORM NUMBER AND TITLE <i>(Only one master copy will be sent for duplicating purposes. Please refer to our websites for additional copies of forms).</i>		(Check <input checked="" type="checkbox"/> One)		
		ENGLISH	SPANISH	BOTH
LIC 198A	Child Abuse Central Index Check (For State) *			
LIC 308	Designation of Administrative Responsibility *			
LIC 309	Administrative Organization *			
LIC 400	Affidavit Regarding Client/Resident Cash Resources *			
LIC 405	Record of Client's/Resident's Safeguarded Cash Resources *			
LIC 424	Accounting Record for Change of Licensee			
LIC 500	Personnel Report *			
LIC 501	Personnel Record *			
LIC 503	Health Screening Report - Facility Personnel *			
LIC 508D	Criminal Record Statement *			
LIC 601	Identification and Emergency Information *			
LIC 602	Physician's Report For Community Care Facilities			
LIC 603	Preplacement Appraisal Information			
LIC 604	Admission Agreement-Residential Facilities			
LIC 605A	Release of Client/Resident Medical Information			
LIC 610C	Emergency Disaster Plan *			
LIC 610B	Emergency Disaster Plan - Foster Family Homes *			
LIC 621	Client/Resident Personal Property and Valuables *			
LIC 622	Centrally Stored Medication and Destruction Record *			
LIC 624	Unusual Incident/Injury Report *			
LIC 624A	Death Report			
LIC 625	Appraisal/Needs and Services Plan *			
LIC 627B	Consent for Emergency Medical Treatment for Children's Res *			
LIC 9108	Statement Acknowledging Requirement to Report Suspected Child Abuse *			
LIC 9158	Telecommunications Device Notification Form			
LIC 9163	Live Scan Application *			
LIC 9183	Fingerprint Instructions (For State Licensed Facilities) *			
LIC 9184	Fingerprint Instructions (For County Licensed Facilities) *			
LIC 9194	Live Scan Instructions (For State Licensed Facilities)			
FD 258 (CCL)	FBI Fingerprint Card (Not available on Internet)			

Licensing forms in English may be accessed at <http://www.cclld.ca.gov>Licensing forms in Spanish may be accessed at <http://www.cclld.ca.gov>**PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX**

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CUSTOMER'S PHONE NUMBER

Date _____